

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2275AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2008
NAME OF PROVIDER OR SUPPLIER THE VICTORIAN CENTER, LLC 1		STREET ADDRESS, CITY, STATE, ZIP CODE 11 WHITEWIND LANE LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the complaint state licensure survey conducted in your facility on September 11, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as a ten (10) beds Residential Facility for Groups which provides care to persons with Alzheimer's disease, Category II residents.</p> <p>The census at the time of the survey was 8 residents. Two closed resident files were reviewed and zero (0) employee files were reviewed.</p> <p>There were 3 complaints investigated.</p> <p>Complaint #NV15487 - was substantiated (see TAG # Y515)</p> <p>Complaint #NV15853 - was substantiated (see TAG # Y532)</p> <p>Complaint #NV17064 - was unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 515 SS=G	449.259(1)(a) Supervision of Residents	Y 515		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 515	<p>Continued From page 1</p> <p>NAC 449.259 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to provide protective supervision for 1 of 8 residents that was found lying on the patio with difficulty breathing (#1).</p> <p>Findings include:</p> <p>Interview with Employee #2 (who was visiting facility on 7/4/07) indicated that it was not known how long Resident #1 had been outside on 7/4/07. Employee #2 further stated that Resident #1 was combative, difficult to handle and would not do as asked.</p> <p>Review of the incident report in resident #1's record, failed to indicate how long Resident #1 had been outside on the patio. The record documented that the resident's roommate indicated to the caregiver that the resident was on the patio. The caregiver went to the patio and found resident lying on the floor of the patio.</p> <p>The resident was transported and admitted to the hospital for a high temperature, symptoms of dehydration and heat stroke.</p> <p>Complaint #NV15487</p> <p>Severity: 3 Scope: 1</p>	Y 515		

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Y 518 SS=F	<p>449.259(1)(d) Supervision of Residents</p> <p>NAC 449.259</p> <p>1. A residential facility shall:</p> <p>(d) Permit a resident to rest in his room at any time.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure residents may rest in their rooms at any time.</p> <p>Findings include:</p> <p>Observation revealed that the residents bedroom doors were locked from the outside. The doors were able to be opened from the inside with one motion. (The caregiver has a key.)</p> <p>Interview with Employee #2 indicated the doors were locked from the outside to keep other residents from disturbing the room's occupant or their property.</p> <p>Severity: 2 Scope: 3</p>	Y 518		
Y 532 SS=C	<p>449.260(1)(g)(1) Activities for Residents</p> <p>NAC 449.260</p> <p>1. The caregivers employed by a residential facility shall:</p> <p>(g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be:</p> <p>(1) Prepared at least a month in advance.</p>	Y 532		

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Y 532	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Based on observation and interview the facility failed to post a calendar of activities for each month, prepare the calendar at least one month in advance and keep the calendar on file for not less than 6 months after it expired.</p> <p>Findings include:</p> <p>The facility's most recent posted activities calendar was dated June 2008.</p> <p>On 9/11/08, interview with the owner indicated, she had not had time to change the activities calendar and they were the same each month. There were no previous calendars on file.</p> <p>Complaint #NV15853</p> <p>Severity: 1 Scope: 3</p>	Y 532			

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